

NC Department of Health and Human Services

Division of **Medical Assistance**



Update on PBH and WHN Operations

March 21, 2012

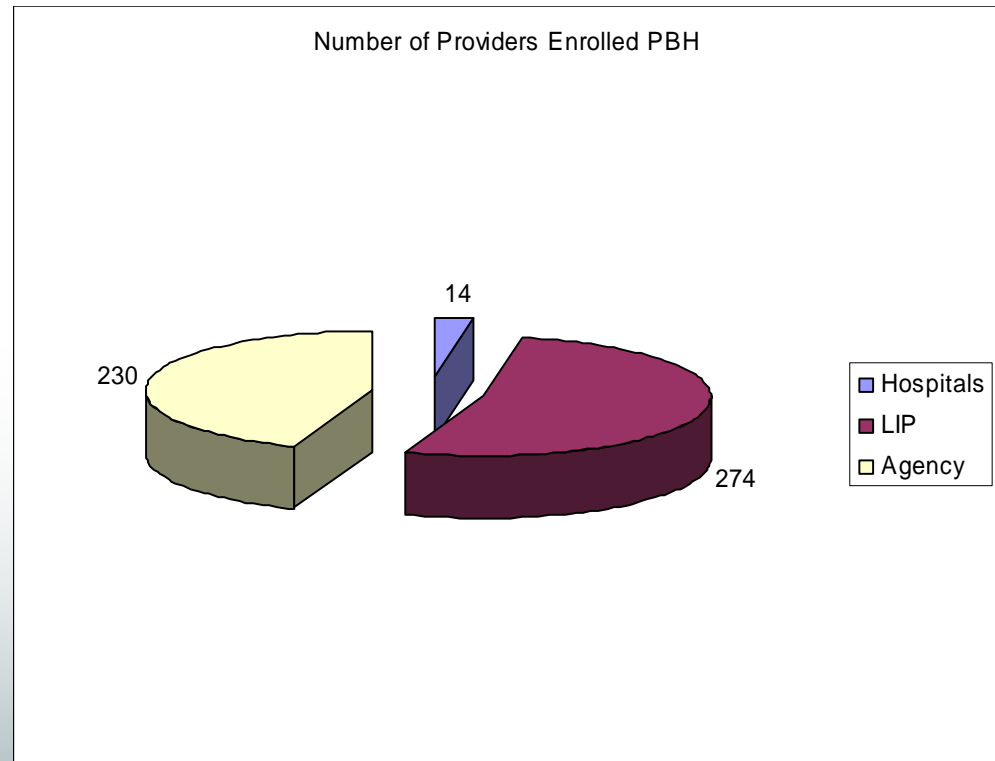
Kelly Crosbie, LCSW
Division of Medical Assistance
Chief, Behavioral Health Policy Section

Update Areas (Version 1.0)

- **Enrolled providers**
- **Utilization by service**
- **Grievances filed with LME-MCO**
- **Turn Around Time for authorization requests**
- **Days to pay 'clean claims'**
- **Care Coordination #s**
- **What are you looking for?**
 - Standardized reporting format

PBH Enrolled Providers

<i>Hospitals</i>	<i>14</i>
<i>Agency*</i>	<i>230</i>
<i>LIPs</i>	<i>274</i>

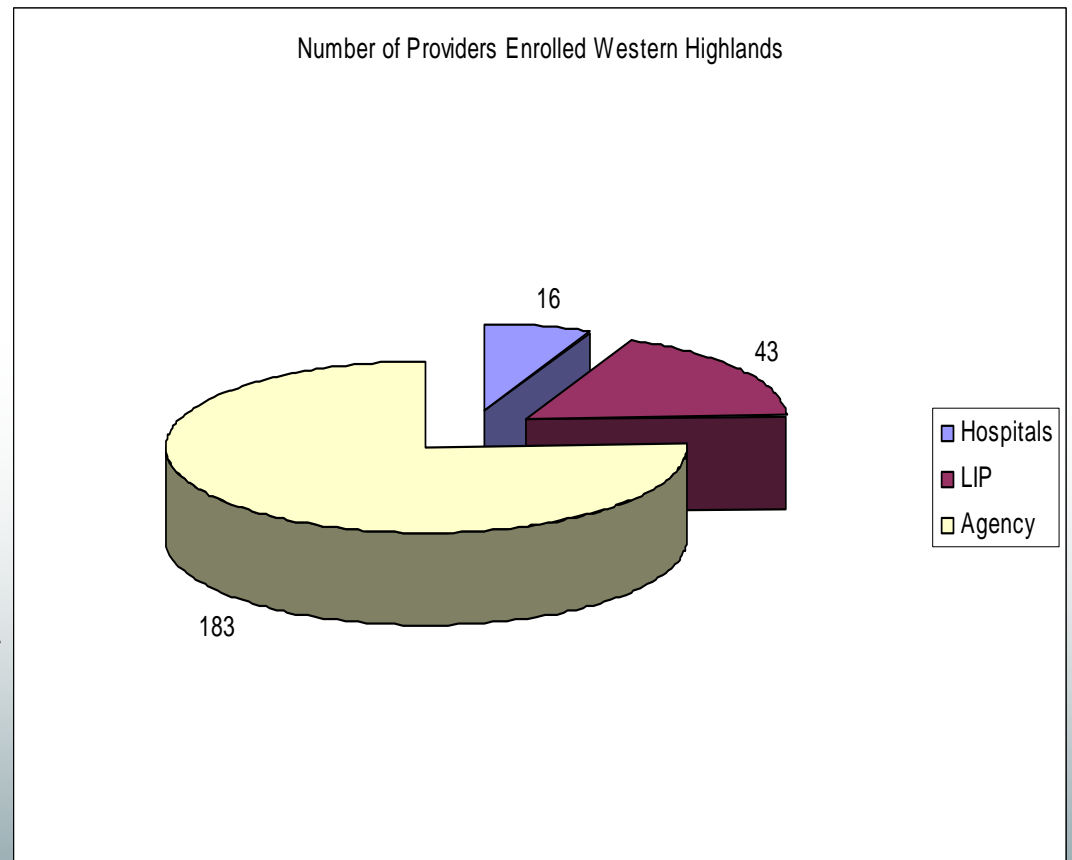


***Includes CABHAs, ICFs-MR, LIII-IV, TFC, PRTF, Innovations, Enhanced Providers*

Western Highlands Network (WHN) Enrolled Providers

Hospitals	16
Agency*	183
LIPs	43

***Includes CABHAs, ICFs-MR, LIII-IV, TFC, PRTF, Innovations, Enhanced Providers*



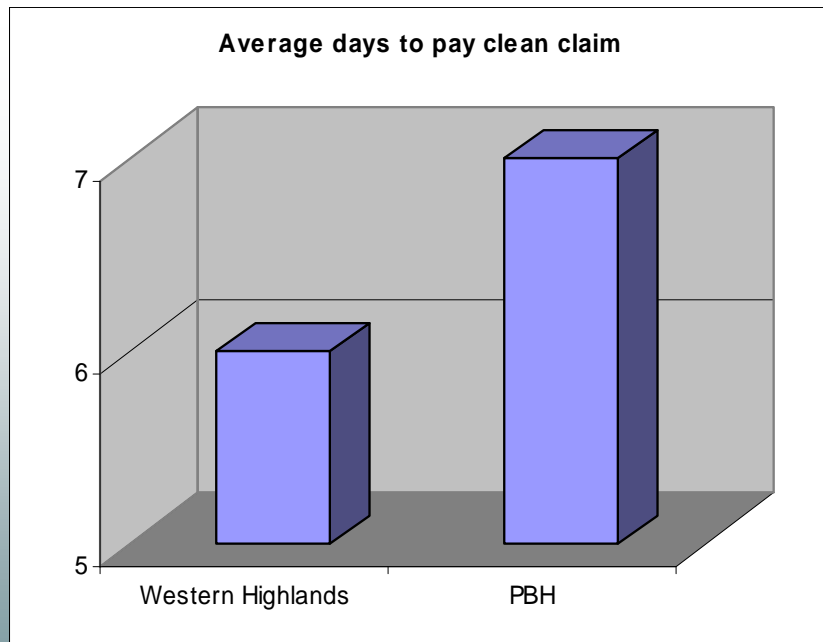
*Average days
to pay a clean claim*

PBH

7.4 days

WHN

6 days



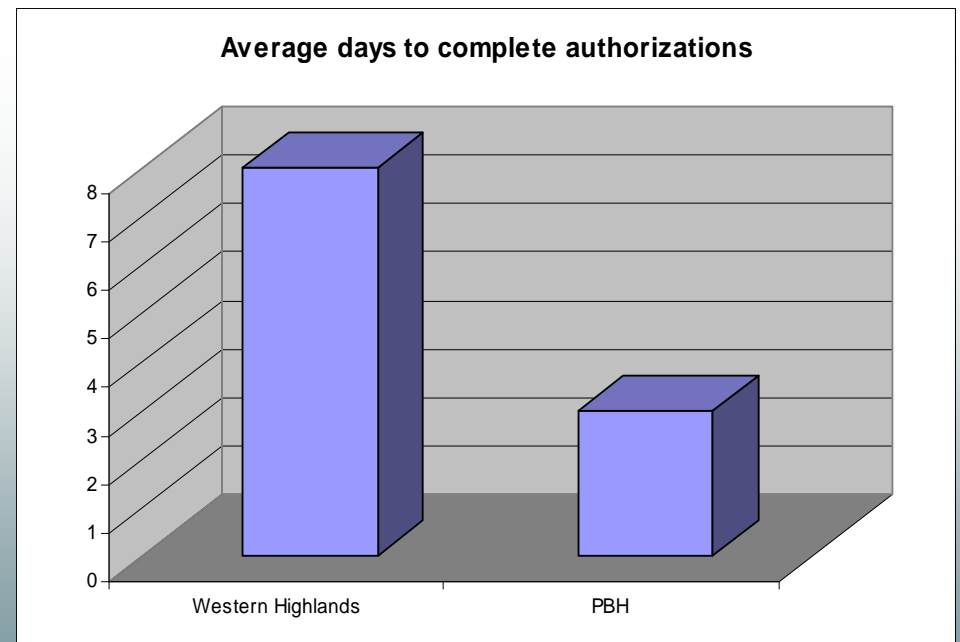
*Average days to complete
authorization requests (TAT)*

PBH

3 days

WHN

8 days



WHN Grievances

Nature of complaint

Accessibility 8

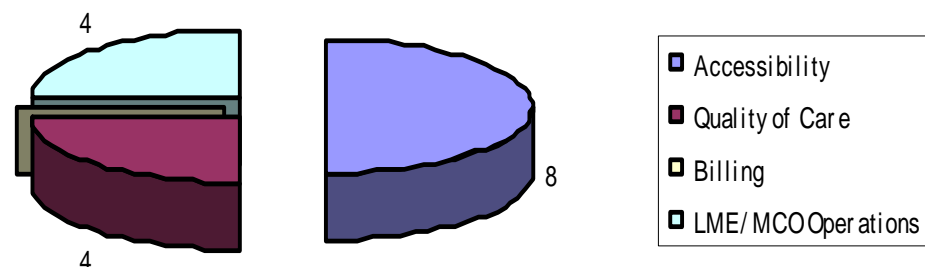
Quality of Care 4

Billing 0

LME/MCO operations 4

Average days to resolve
25

Western Highlands Grievances by Type



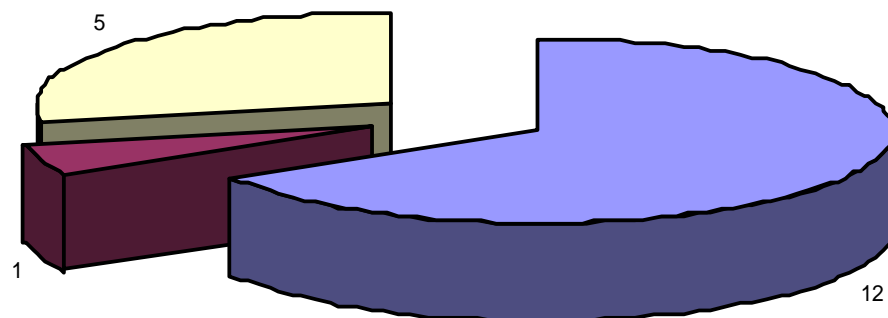
WHN Grievances

MH 12

SA 5

I/DD 1

Western Highlands Grievances by disability group



PBH Grievances

Nature of complaint

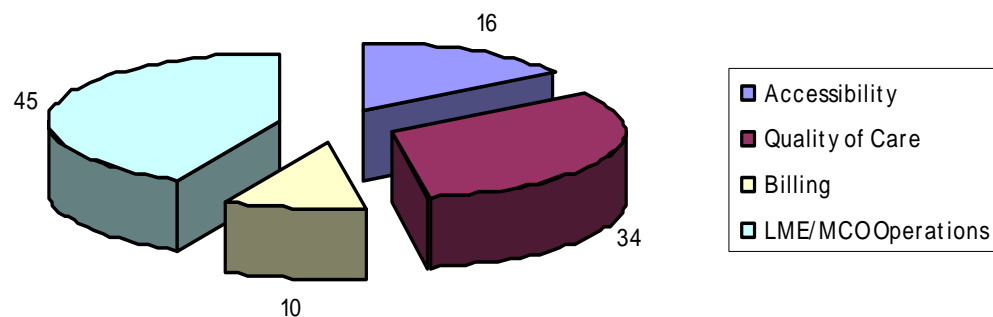
Accessibility 16

Quality of Care 34

Billing 10

LME/MCO operations 45

PBH Grievances by type



Average days to resolve 17.5

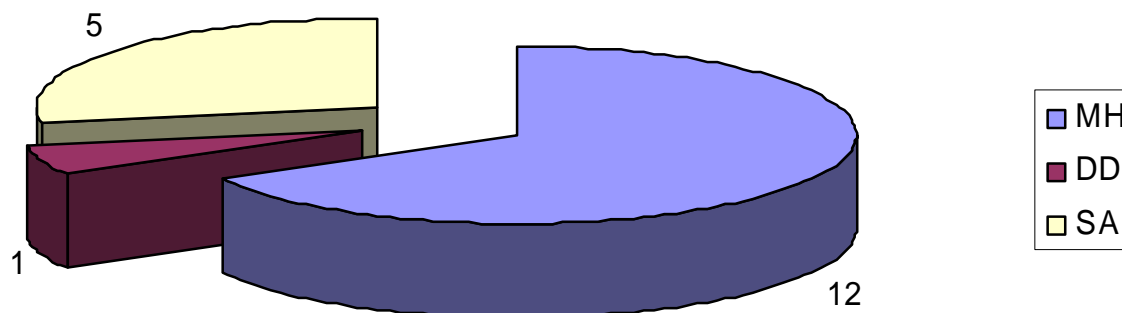
PBH Grievances

MH 12

SA 5

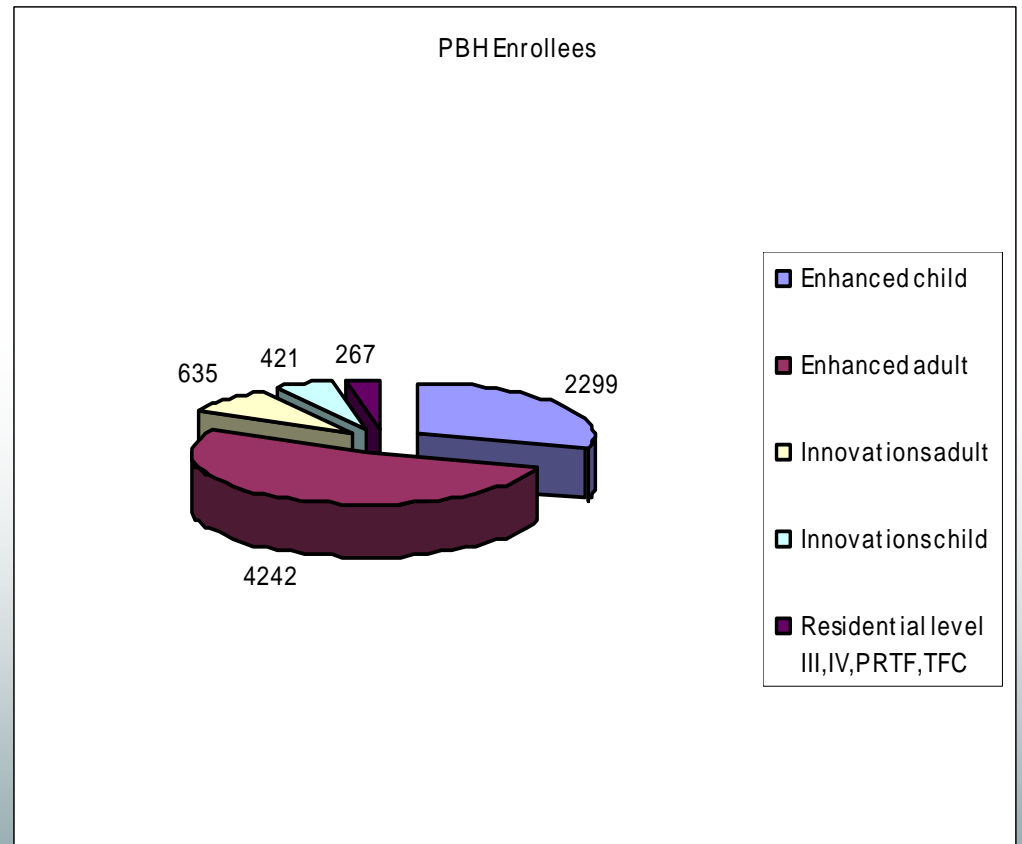
I/DD 1

PBH Grievances by disability group



PBH Utilization (paid claims through Feb 2012)

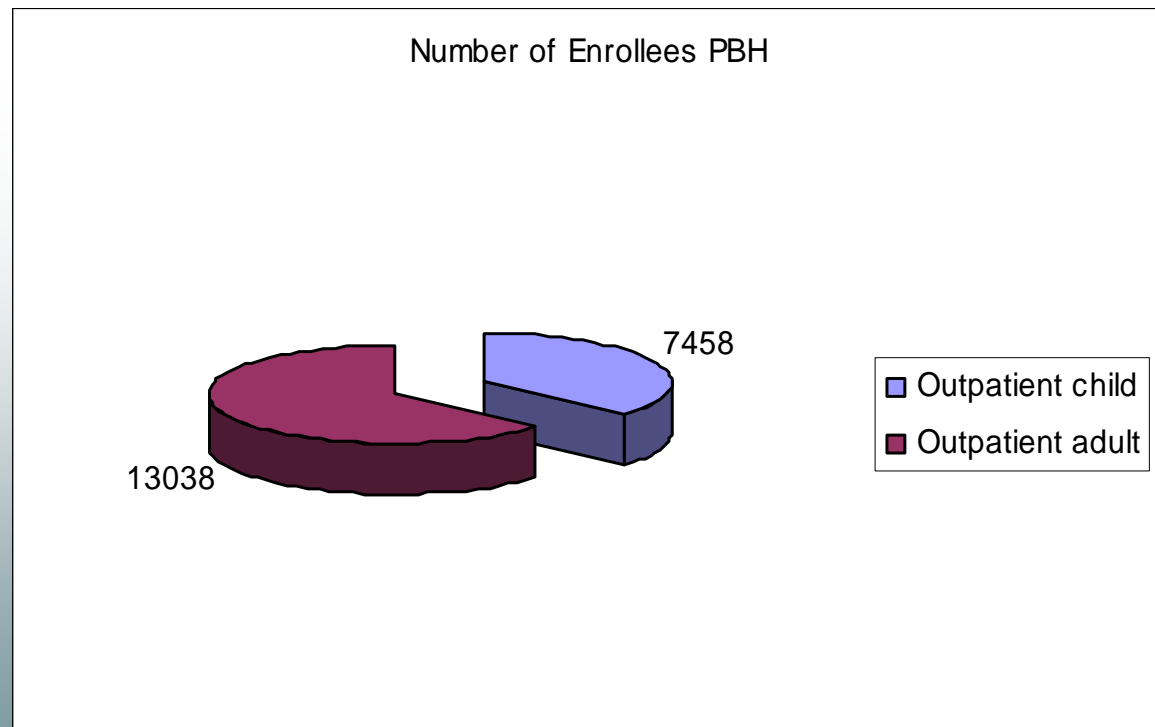
<i>Enhanced child</i>	<i>2,299</i>
<i>Enhanced adult</i>	<i>4,242</i>
<i>Innovations adult</i>	<i>635</i>
<i>Innovations child</i>	<i>421</i>
<i>Residential level III, IV, PRTF, TFC</i>	<i>267</i>



PBH Utilization (paid claims through Feb 2012)

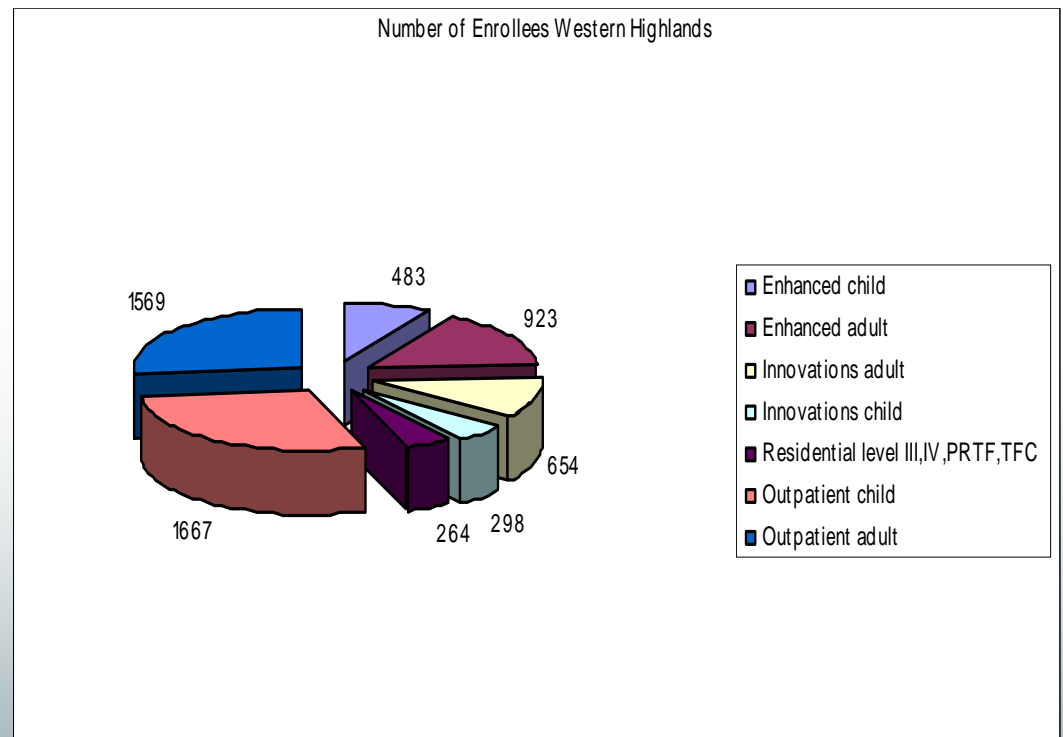
Outpatient child 7,458

Outpatient adult 13,038



WHN Utilization (paid claims through Feb 2012)

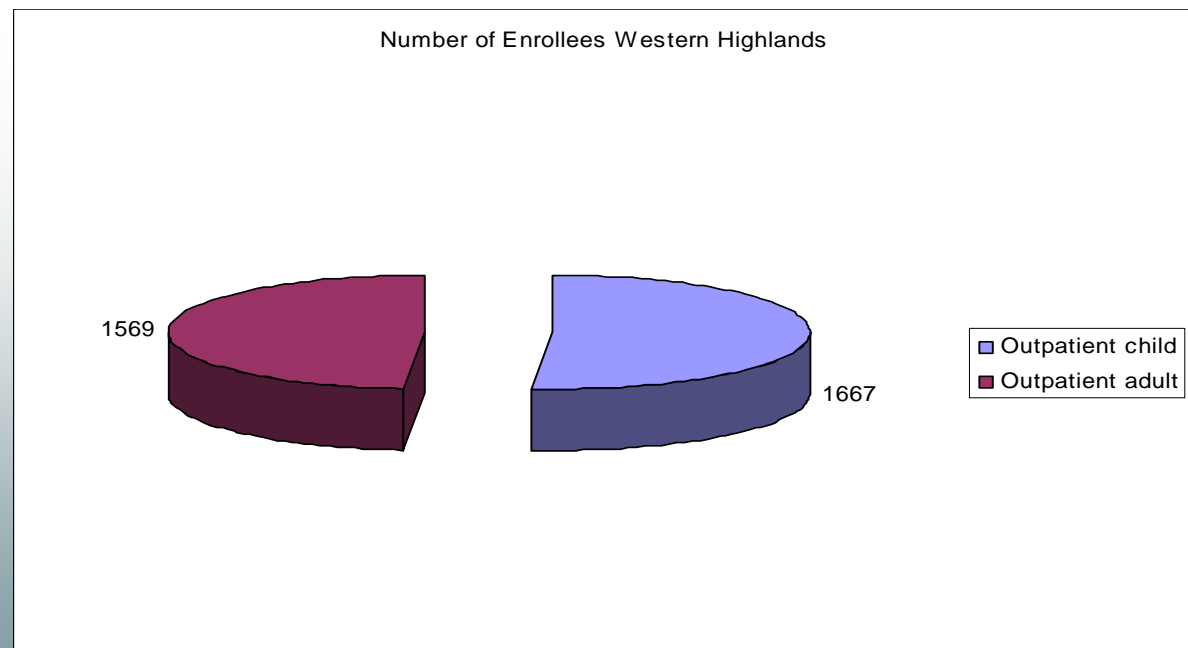
<i>Enhanced child</i>	<i>483</i>
<i>Enhanced adult</i>	<i>923</i>
<i>Innovations adult</i>	<i>654</i>
<i>Innovations child</i>	<i>298</i>
<i>Residential level III, IV, PRTF, TFC</i>	<i>264</i>



WHN Utilization (paid claims through Feb 2012)

Outpatient child 1569

Outpatient adult 1667



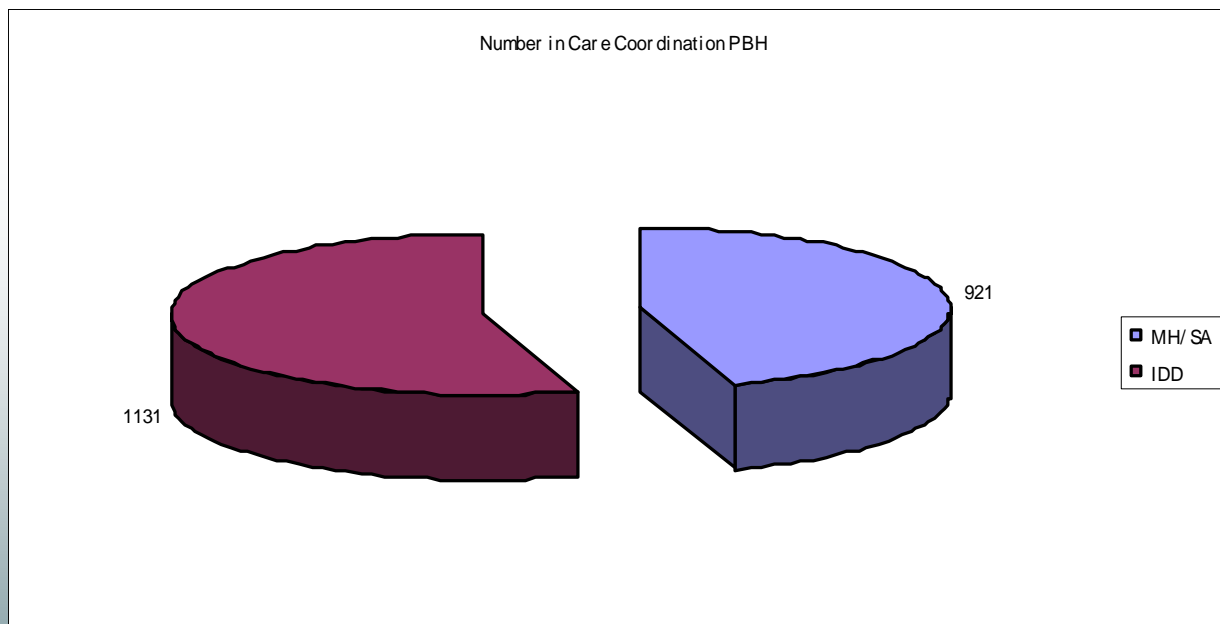
PBH Care Coordination

MH/SA

921

I/DD

1131



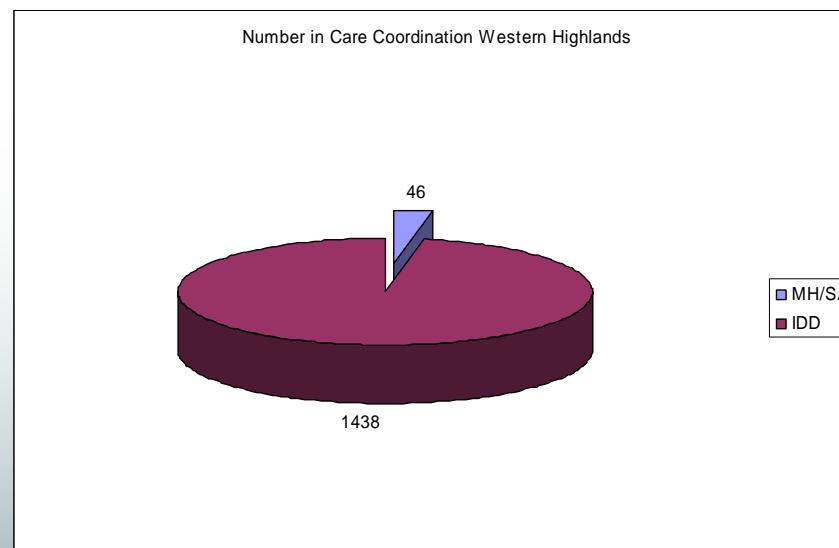
WHN Care Coordination

MH/SA

46

IDD

1438



PBH & WHN: Transition Hurdles

- Very high volume of provider applications
 - Leads to payment issues
- High volumes of new authorization requests
 - Goal to improve TAT
- Adjustment to Care Coordination over Targeted Case Management (TCM)
 - Goal to be responsive to recipients & families

PBH & WHN: Positive Feedback

- Closer collaboration with providers
- Better connection to consumers through the Care Coordination process
- Enrollment is faster than CSC (DMA's vendor)

What does DWAC want to see?

- Ability to track trends
- Ability to track performance over time